

# DISABILITY SERVICE AGENCIES HR ACTION WORKSHEET (3/2007)

(HR101)

<b>AGENCY NAME:</b> <input type="checkbox"/> DRS <input type="checkbox"/> WWRC <input type="checkbox"/> DBVI <input type="checkbox"/> VRCBVI <input type="checkbox"/> DDHH <input type="checkbox"/> VBPD <b>AGENCY CODE:</b> <input type="checkbox"/> 262 <input type="checkbox"/> 203 <input type="checkbox"/> 702 <input type="checkbox"/> 263 <input type="checkbox"/> 751 <input type="checkbox"/> 606		<b>EFFECTIVE DATE:</b> _____	
<b>COMPLETE ENTIRE HRAW FOR ACTIONS BELOW</b>		<b>COMPLETE ONLY PAGE ONE FOR ACTIONS BELOW</b>	
<input type="checkbox"/> <b>STARTING PAY</b> <input type="checkbox"/> <b>PROMOTION</b> <input type="checkbox"/> <b>VOLUNTARY DEMOTION</b> <input type="checkbox"/> <b>VOLUNTARY TRANSFER</b> <input type="checkbox"/> Competitive <input type="checkbox"/> Non-Competitive <input type="checkbox"/> <b>COMPETITIVE SALARY OFFER (ATTACH OFFER LETTER)</b> <input type="checkbox"/> <b>DISCIPLINARY OR PERFORMANCE RELATED DEMOTION</b> <input type="checkbox"/> <b>SIGN-ON BONUS</b> <input type="checkbox"/> <b>RECOGNITION BONUS</b>		<input type="checkbox"/> <b>RESIGN</b> <input type="checkbox"/> <b>RETIRE</b> <input type="checkbox"/> <b>TERMINATE</b> <input type="checkbox"/> <b>TRANSFER TO OTHER STATE</b> <b>AGENCY/NAME OF AGENCY:</b> _____  <input type="checkbox"/> <b>LAY-OFF</b>	
<div style="display: flex;"> <div style="flex: 1; padding-right: 5px;"> <b>ROLE CHANGE</b>  <input type="checkbox"/> Lateral  <input type="checkbox"/> Downward  <input type="checkbox"/> Upward         </div> <div style="flex: 2;"> <b>IN-BAND ADJUSTMENT</b>  <input type="checkbox"/> Change in Duties  <input type="checkbox"/> Application of New Knowledge, Skills, Abilities, Competencies from Education, Certification, Licensures, etc.  <input type="checkbox"/> Retention  <input type="checkbox"/> Internal Alignment  <b>IN-BAND <u>BONUS</u></b>  <input type="checkbox"/> Application of New Knowledge, Skills, Abilities, Competencies from Education, Certification, Licensures, etc.  <input type="checkbox"/> Retention         </div> </div>		<input type="checkbox"/> <b>SUSPEND</b> <input type="checkbox"/> <b>RETURN FROM SUSPENSION</b> <input type="checkbox"/> <b>LWOP</b> <input type="checkbox"/> <b>RETURN FROM LWOP</b> <input type="checkbox"/> <b>STD</b> <input type="checkbox"/> <b>RETURN FROM STD</b> <input type="checkbox"/> <b>LTD</b>	
<input type="checkbox"/> <b>TEMPORARY PAY</b> <input type="checkbox"/> Higher Pay Band <input type="checkbox"/> Same Pay Band <input type="checkbox"/> Special Project  <b>Expiration Date (Temporary Pay)</b> _____ <input type="checkbox"/> <b>REMOVE TEMPORARY PAY</b>		<input type="checkbox"/> <b>RECRUIT</b> <input type="checkbox"/> <b>CUT-OFF DATE:</b> <input type="checkbox"/> <b>AGENCY ONLY</b> <input type="checkbox"/> <b>STATE EMPLOYEES</b> <input type="checkbox"/> <b>GENERAL PUBLIC</b> <input type="checkbox"/> <b>FUNDING CODE CHANGES</b>	
<input type="checkbox"/> <b>ESTABLISH POSITION</b> <b>ELIGIBLE TO TELECOMMUTE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>ALTERNATE WORK SCHEDULE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<div style="display: flex;"> <div style="flex: 2; padding-right: 5px;"> <b>VIB ONLY:</b>  <b>TRAINEE</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> <b>PROFICIENCY INCREASE</b>  <input type="checkbox"/> <b>SALARY CONTRACT CHANGES</b> </div> <div style="flex: 1; padding-left: 5px;"> <input type="checkbox"/> <b>HEALTH &amp; WELFARE DIFFERENTIAL</b>  <input type="checkbox"/> <b>OTHER</b> </div> </div>	
<input type="checkbox"/> <b>FLSA</b> <input type="checkbox"/> <b>EXEMPT</b> <input type="checkbox"/> <b>NON-EXEMPT</b>			
<b>Employee Name</b> _____		<b>Employee ID Number (CURRENT EMPLOYEES):</b> _____	
		<b>Social Security Number (NEW EMPLOYEES):</b> _____	
<b>Date of Birth:</b> _____		<b>Race:</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
		<b>Gender:</b> <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
<b>Current Position #</b> _____	<b>Current Role Title/Role Code</b> _____	<b>Current Pay Band</b> _____	
<b>New Position #</b> _____	<b>New Role Title/Role Code</b> _____	<b>New Pay Band</b> _____	
<b>Current Work Title</b> _____		<b>Current Organizational Unit &amp; Location Code</b> _____	
<b>New Work Title</b> _____		<b>New Organizational Unit &amp; Location Code</b> _____	
<b>CURRENT OR PREVIOUS SALARY:</b> <b>Current or Old Position Funding:</b> (Prog/Sub-Prog; Project; Cost; Fund; Percent) _____			<b>Percentage of Increase or Decrease Requested:</b> _____
<b>NEW SALARY</b> <b>ANNUAL SALARY FOR CLASSIFIED:</b> _____ <b>HOURLY RATE FOR WAGE:</b> _____  <b>New or Revised Position Funding:</b> (Program/Sub-Program; Project; Cost; Fund; Percent) _____			<b>BONUS AMOUNT:</b> _____
<b>Was Current/Previous Salary Verified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain) _____		<b>STATE PHONE NUMBER:</b> _____	
<b>CELL PHONE NUMBER:</b> <b>CARRIER: PLEASE CHECK -</b> <input type="checkbox"/> VERIZON; <input type="checkbox"/> SPRINT; <input type="checkbox"/> AT&T; <input type="checkbox"/> T-MOBILE; <input type="checkbox"/> USA MOBILITY; <input type="checkbox"/> NEXTEL; <input type="checkbox"/> US CELLULAR		<b>PAGER OR PDA NUMBER:</b> <b>CARRIER: PLEASE CHECK -</b> <input type="checkbox"/> VERIZON; <input type="checkbox"/> SPRINT; <input type="checkbox"/> AT&T; <input type="checkbox"/> T-MOBILE; <input type="checkbox"/> USA MOBILITY; <input type="checkbox"/> NEXTEL; <input type="checkbox"/> US CELLULAR	
<b>ADDITIONAL INFORMATION/EXPLANATION:</b> _____ _____ _____			

I CERTIFY THAT THERE ARE SUFFICIENT FUNDS IN THE BUDGET TO FULLY COVER THIS PAY ACTION.

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Unit Head: \_\_\_\_\_

Date: \_\_\_\_\_

Division/Agency Director: \_\_\_\_\_

Date: \_\_\_\_\_

HR Compensation: \_\_\_\_\_

Date: \_\_\_\_\_

HR Action Worksheet HR102JF.doc

Does this employee meet performance standards?

☐ YES

☐ NO, (If employee's performance rating is "BELOW CONTRIBUTOR," no management initiated increase can be awarded.)

**COMPLETE ONLY THOSE PAY FACTORS THAT ARE APPLICABLE:**

**AGENCY BUSINESS NEED** (Describe how requested action relates to the agency mission and business need)

***DUTIES AND RESPONSIBILITIES***

For **new** employee, describe key duties which link to this pay action.

For **current** employee, summarize job duty changes.

Change Is: ☐ Permanent ☐ Temporary

**RELEVANT WORK EXPERIENCE AND EDUCATION** (Summarize employment history & academic credentials as they apply to the job assignments)

***KNOWLEDGE, SKILLS, ABILITIES, COMPETENCIES***

For **new** employee, describe relevant expertise, behavioral factors, etc., related to the job assignments.

For **current** employee, describe increase or change in relevant technical expertise, behavioral factors, etc., and how they relate to the job assignments.

**RELEVANT TRAINING, CERTIFICATION, LICENSE, etc.** (List specialized courses of instruction, certification, licensure related to the job assignment)

***INTERNAL SALARY ALIGNMENT***

Is salary in line with other employees with similar experience and credentials in the work unit? ☐ YES ☐ NO (if no, explain)

**MARKET AVAILABILITY** Difficulty in recruiting? ☐ NO ☐ YES (If yes, explain)

***BUDGET IMPLICATIONS AND/OR LONG-TERM IMPACT***